

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15067

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name TIMOTHY B NELSON

P.O. Box, Bldg., Room No., if any

Street 1160 ISCAHO DR

City ALAMEDA

State CA ZIP Code + 4 94502

4. Name, file number, and address of labor organization.

Name PLASTERERS AND SHOPMEN LOCAL # 66

Labor Organization File Number 043143

P.O. Box, Building and Room Number, if any

Street 150 EXECUTIVE PARK BLVD SUITE 1200

City SAN FRANCISCO

State CA ZIP Code + 4 94134

5. Position in labor organization.

TRUSTEE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy B. Nelson

On

08/14/05
Date

You are NOT AUTHORIZED TO DISSEMINATE MY ADDRESS OR PHONE NUMBER!

(510) 865 5053

Telephone Number

